

CONTRACTOR'S COURT SECURITY OFFICER STAFFING NOTIFICATION

DATE SUBMITTED:	MONTH	DATE	YEAR
EFFECTIVE DATE OF THIS ACTION:	MONTH	DATE	YEAR
CONTRACTOR'S NAME			
CONTRACTOR'S ADDRESS	STREET ADDRESS		
	CITY	STATE	ZIP CODE
INDIVIDUAL'S NAME: (When applicable, start with information on the individual who will no longer be performing for your company.)	LAST	FIRST	MIDDLE
SOCIAL SECURITY NUMBER			
BACKGROUND	<input type="checkbox"/> Incumbent <input type="checkbox"/> New Applicant		
CURRENT/TARGET POSITION	<input type="checkbox"/> COURT SECURITY OFFICER (CSO) <input type="checkbox"/> LEAD COURT SECURITY OFFICER (LCSO)		
CURRENT OR PROPOSED STATUS	PERMANENT STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED <input type="checkbox"/> TEMPORARY STATUS (Relative to Military Reasons Only): <input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED		
CURRENT OR PROPOSED DISTRICT ASSIGNMENT	DISTRICT'S NAME		
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE
TYPE OF NOTIFICATION	<p>NOTE TO THE CONTRACTOR: If the individual stated above is a new applicant, you may only check the "Response to a new contract position" box because the remaining actions apply to incumbent CSOs only.</p>		
	<input type="checkbox"/> Notification of Status Change <input type="checkbox"/> Notification of Change <input type="checkbox"/> From permanent part-time to full-time <input type="checkbox"/> From CSO to Site Supervisor <input type="checkbox"/> From permanent full-time to part-time <input type="checkbox"/> From temporary to permanent status <input type="checkbox"/> Transfer Notification (Provide the address of each facility location below.) From: _____ To: _____ <input type="checkbox"/> Notification of Resignation <input type="checkbox"/> Notification of Termination [Insert Date individual resigned.] [Date the individual was terminated by the company.] <input type="checkbox"/> Government Performance Restriction <input type="checkbox"/> Notification of Military Duty (Attach copy of orders.) [Insert Date of Notice] From: _____ To: _____ <input type="checkbox"/> Incumbent disqualified due to: <input type="checkbox"/> Response to a new contract position. <input type="checkbox"/> Failure of Medical Standards <input type="checkbox"/> Notification of Death [Insert date below.] <input type="checkbox"/> Background Findings <input type="checkbox"/> Failure of Weapon Test		

IF THIS ACTION IS NOT A NEW CONTRACT POSITION, WILL THE ACTION RESULT IN A VACANCY OF AN EXISTING POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, WHAT TYPE OF VACANT POSITION WILL RESULT FROM THIS ACTION?				
<input type="checkbox"/> PERMANENT FULL-TIME <input type="checkbox"/> PERMANENT SHARED <input type="checkbox"/> TEMPORARY FULL-TIME <input type="checkbox"/> TEMPORARY SHARED				
WILL AN INCUMBENT FILL THE VACANT POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>[If yes, provide the incumbent's information in Section A below and indicate the date the new CSO Package is due to JPS/PSSB as a result of the vacant incumbent's position.]</small>		THE NEW CSO PACKAGE TO REPLACE INCUMBENT'S VACANT POSITION IS DUE 14 DAYS AFTER THE VACANCY OCCURRED AND WILL BE SUBMITTED TO THE USMS BY THE DATE INDICATED BELOW.		
		MM	DD	YY
WILL A NEW APPLICANT FILL THE VACANT POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>[If yes, indicate the date the new CSO package is due to JPS/PSSB. Complete Section B and submit this form in its entirety with the new CSO package.]</small>		THE NEW CSO PACKAGE TO REPLACE THE VACANT POSITION IS DUE 14 DAYS AFTER THE VACANCY OCCURRED AND WILL BE SUBMITTED TO THE USMS BY THE DATE INDICATED BELOW.		
		MM	DD	YY
* ALL TRANSFERS MUST BE MADE WITHIN THE FIRST 72 HOURS AFTER THE VACANCY OCCURS. THEREAFTER, A NEW CSO PACKAGE IS REQUIRED.				
SECTION A:				
INCUMBENT'S NAME:		LAST	FIRST	MIDDLE
INCUMBENT'S SOCIAL SECURITY NUMBER				
CURRENT DISTRICT ASSIGNMENT	DISTRICT'S NAME		DISTRICT NUMBER	
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS			
	CITY	STATE	ZIP CODE	
FORMER STATUS	PERMANENT STATUS		TEMPORARY STATUS (Relative to Military Reasons Only)	
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED
NEW STATUS	PERMANENT STATUS			
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> NO CHANGE	
POSITION CHANGE	FORMER POSITION		NEW POSITION	
	<input type="checkbox"/> CSO	<input type="checkbox"/> LCSO	<input type="checkbox"/> CSO	<input type="checkbox"/> LCSO
SECTION B: THE VACANT POSITION WILL BE ASSIGNED TO AN EXISTING INCUMBENT UNDER THIS CONTRACT OR WILL BE FILLED BY THE FOLLOWING NEW APPLICANT:				
APPLICANT'S NAME:		LAST	FIRST	MIDDLE
APPLICANT'S SOCIAL SECURITY NUMBER				
LOCATION OF POSITION	DISTRICT'S NAME		DISTRICT NUMBER	
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS			
	CITY	STATE	ZIP CODE	
THIS FORM WAS PREPARED BY:	PRINT NAME AND TITLE		SIGNATURE	MM DD YY
<input type="checkbox"/> REPLACEMENT / START-UP COST IS THE CONTRACTOR'S RESPONSIBILITY.				
<input type="checkbox"/> REPLACEMENT / START-UP COST IS THE GOVERNMENT'S RESPONSIBILITY. THE FORMER CSO:				
<input type="checkbox"/> HAD BEEN EMPLOYED BY THE CURRENT CONTRACTOR AS A CSO CONTINUOUSLY FOR A MINIMUM OF 18 MONTHS UNDER THE CONTRACT.				
<input type="checkbox"/> WAS DISQUALIFIED AS A RESULT OF FINDINGS THAT ONLY COULD HAVE BEEN DISCOVERED DURING THE GOVERNMENT'S BACKGROUND INVESTIGATION				
<input type="checkbox"/> DIED				
THIS NOTIFICATION WAS REVIEWED AND FINALIZED BY:				
			NAME AND TITLE	DATE

13. EMPLOYMENT HISTORY *(Describe your current and/or most recent job(s) that you've held during the past 5 years. List your most recent employment history first.)*

A. NAME OF EMPLOYER

DATES EMPLOYED (MM/YYYY)

FROM

EMPLOYER'S ADDRESS

TO

Street Address

EXACT TITLE OF YOUR POSITION

City

State

Zip Code

IMMEDIATE SUPERVISOR'S NAME

IMMEDIATE SUPERVISOR'S TELEPHONE NO.

DESCRIPTION OF WORK *(Describe your specific duties, responsibilities, and accomplishments in this job.)*

REASON FOR LEAVING

TO BE COMPLETED BY THE AGENCY OR DEPARTMENT

1. Was the applicant's employment history with this agency or department verified? ☐ YES ☐ NO

2. Who verified the applicant's employment history on behalf of the agency or department?

☐ Immediate Supervisor ☐ Personnel Office ☐ Other *(Provide their name and the title below.)*

3. Did you discuss the applicant's character, qualifications, and work record? ☐ YES ☐ NO

4. If possible, would the agency rehire the applicant? ☐ YES ☐ NO

ADDITIONAL COMMENTS:

B. NAME OF EMPLOYER

DATES EMPLOYED (MM/YYYY)

FROM

EMPLOYER'S ADDRESS

TO

Street Address

EXACT TITLE OF YOUR POSITION

City

State

Zip Code

IMMEDIATE SUPERVISOR'S NAME

IMMEDIATE SUPERVISOR'S TELEPHONE NO.

DESCRIPTION OF WORK (Describe your specific duties, responsibilities, and accomplishments in this job.)

REASON FOR LEAVING

TO BE COMPLETED BY THE CURRENT EMPLOYER

1. Was the applicant's employment history with this agency or department verified? ☐ YES ☐ NO

2. Who verified the applicant's employment history on behalf of the agency or department?

☐ Immediate Supervisor ☐ Personnel Office ☐ Other (Provide their name and the title below.)

3. Did you discuss the applicant's character, qualifications, and work record? ☐ YES ☐ NO

4. If possible, would the agency rehire the applicant? ☐ YES ☐ NO (If no, explain below)

COMMENTS:

14. ACQUAINTANCES (List 3 acquaintances that are not related to you and are not the supervisors you listed in the Employment History section above.)

A. FULL NAME OF ACQUAINTANCE

TELEPHONE NUMBERS

HOME () -

PRESENT ADDRESS

WORK () -

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

YEARS MONTHS

CONTRACTOR'S COMMENTS:

B. FULL NAME OF ACQUAINTANCE

TELEPHONE NUMBERS

HOME () -

PRESENT ADDRESS

WORK () -

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

YEARS MONTHS

CONTRACTOR'S COMMENTS:

C. FULL NAME OF ACQUAINTANCE

TELEPHONE NUMBERS

HOME () -

PRESENT ADDRESS

WORK () -

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

YEARS MONTHS

CONTRACTOR'S COMMENTS:

15. NEIGHBORS (Going back 5 years, please provide the name, address, of 3 acquaintances that are not related to you and are not the supervisors you listed in the Employment History section above.)

A. NEIGHBOR'S NAME

TELEPHONE NUMBERS

HOME () - _____

ADDRESS

WORK () - _____

Street Address _____

HOW LONG HAVE YOU KNOWN THIS PERSON?

City _____

State _____

Zip Code _____

____ YEARS ____ MONTHS

COMMENTS: _____

B. NEIGHBOR'S NAME

TELEPHONE NUMBERS

HOME () - _____

ADDRESS

WORK () - _____

Street Address _____

HOW LONG HAVE YOU KNOWN THIS PERSON?

City _____

State _____

Zip Code _____

____ YEARS ____ MONTHS

COMMENTS: _____

C. NEIGHBOR'S NAME

TELEPHONE NUMBERS

HOME () - _____

ADDRESS

WORK () - _____

Street Address _____

HOW LONG HAVE YOU KNOWN THIS PERSON?

City _____

State _____

Zip Code _____

____ YEARS ____ MONTHS

COMMENTS: _____

16. HAVE YOU EVER BEEN ARRESTED, DETAINED, OR CITED BY ANY LAW ENFORCEMENT AGENCY (FEDERAL, STATE, LOCAL OR MUNICIPAL)? (Please provide an answer even if the citation was dropped, dismissed or you were found not guilty.)
17. HAVE YOU EVERY BEEN CONVICTED OF A FELONY, MISDEMEANOR, PETTY OFFENSE, INCLUDING BUT NOT LIMITED TO FIREARMS AND EXPLOSIVE VIOLATIONS, DOMESTIC VIOLENCE, SERIOUS TRAFFIC OFFENSES? ☐ YES ☐ NO
18. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? ☐ YES ☐ NO
19. HAVE YOU EVER BEEN CONVICTED BY A MILITARY COURT-MARTIAL? ☐ YES ☐ NO
20. ARE YOU DELINQUENT ON ANY FEDERAL DEBT? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.) ☐ YES ☐ NO
21. IF YOU ANSWERED "YES" TO ITEMS 16 THROUGH 20, EXPLAIN EACH VIOLATION OR THE SITUATION BELOW. GIVE PLACE OF OCCURRENCE AND NAME/ADDRESS OF POLICE OR COURT INVOLVED.

Item No.	Date (Mo./Yr.)	Explanation	Mailing Address		
			Name of Employer, Police, Court, or Federal Agency		
			City	State	Zip Code
			Name of Employer, Police, Court, or Federal Agency		
			City	State	Zip Code

22. APPLICANT'S SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, and other authorized employees of my potential employer, who is under contract with the Federal Government (United States Marshals Services) for that purpose.

CERTIFICATION: I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

23. CONTRACTOR'S SIGNATURE AND CERTIFICATION STATEMENT

I hereby certify that I have been authorized by my employer, _____ to conduct a complete and thorough preliminary background investigation on the subject applicant, whom my employer is seeking to hire. I also certify that the findings resulting from the preliminary background investigation have been stated in a true, complete, and accurate manner.

SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

DATE (MM/DD/YY)

**CERTIFICATION OF COURT SECURITY OFFICER
PERFORMANCE STANDARDS**

I, _____ (*Name of Certifier*),

herby certify that I have read, understand, and received a copy of the Court Security
Officer Performance Standards outlined in the current contract between the United States
Marshals Service and my employer, _____
(*Contractor's Name*). I also understand that any violations of the performance standards
could result in temporary or permanent removal from performing under any United States
Marshals Service's court security contract.

CSO's Signature

Witness' Signature
(*Contractor's Supervisory Representative*)

Date

Date

INSTRUCTIONS TO THE CONTRACTOR: Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security, Division, Judicial Protective Services, Attention: Personnel Support Services Team, Washington, DC 20530-1000.

CERTIFICATE OF COMPLIANCE

THE LAUTENBURG AMENDMENT, TITLE 18, SECTION 922(G)(9) OF THE UNITED STATES CODE

I, _____ (*Name of Certifier*),

hereby certify that I have been informed and understand that my position as a Court Security Officer is subject to the Lautenburg Amendment, Title 18, Section 922(g)(9) of the United States Code.

I certify that I have not been convicted in any court of a misdemeanor crime relative to domestic violence.

I also understand and accept that if I violate the Lautenburg Amendment, Title 18, Section 922(g)(9) of the United States Code, my eligibility to perform as a Court Security Officer under any United States Marshals Service's court security contract will be revoked.

CSO's Signature

Witness' Signature
(Contractor's Supervisory Representative)

Date

Date

INSTRUCTIONS TO THE CONTRACTOR: Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Services Branch, Washington, DC 20530-1000.

IN-DISTRICT (PHASE I) ORIENTATION CERTIFICATION

I, _____ (*Name of Certifier*),
hereby certify that I have completed the In-District Orientation (Phase I) at the United
States Marshals Service's District of _____ office, on

(*Insert applicable orientation date*).

CSO's Signature

Witness' Signature
(*Contractor's Supervisory Representative*)

Date

Date

INSTRUCTIONS TO THE CONTRACTOR: Retain a copy of this form for your records and forward a copy of the form to the COTR. Mail the original form to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Services Branch, Washington, DC 20530-10000.

NOTIFICATION OF A COURT SECURITY OFFICER'S OFFICIAL PERFORMANCE DATE

DATE	MONTH	DATE	YEAR
CONTRACTOR'S INFORMATION	NAME		
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
	TELEPHONE NO.		
CSO'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NO.			
DISTRICT ASSIGNMENT		DISTRICT NO.	
FACILITY LOCATION	STREET ADDRESS		
	CITY	STATE	ZIP CODE
CSO'S COMPLETION STATUS (Check the applicable box.)	PERMANENT STATUS		TEMPORARY STATUS (MILITARY)
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED
SUITABILITY DETERMINATION DATE	MONTH	DATE	YEAR
INITIAL WEAPON QUALIFICATION DATE	MONTH	DATE	YEAR
IN-DISTRICT ORIENTATION DATE	MONTH	DATE	YEAR
OFFICIAL PERFORMANCE DATE	MONTH	DATE	YEAR
CERTIFICATION I hereby certify that the above information is true and accurate. Court Security Officer's Signature Date		CERTIFICATION I hereby certify that the individual stated above has fulfilled the In-District Orientation and the weapons proficiency test requirements. Contractor's Supervisory Representative Name (Print) Contractor's Supervisory Representative Signature Date	

INSTRUCTIONS TO THE CONTRACTOR: Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Services Branch, Washington, DC 20530-1000, within 5 business days after the individual's official performance date.



Certificate of Medical Examination for Court Security Officers

NOTE: *(Applies to individuals hired on or after January 1, 2001.
Effective October 1, 2001, applies to all individuals accepting
employment under new contract awards and supercedes Form USM-229A)*

Return within two weeks of examination date to:

U.S. Marshals Service
Judicial Protective Services Program
600 Army Navy Drive - CS-3, Suite 600
Arlington, VA 22202-4210

Please be sure that both sides of each page are complete.
After signing, return entire form along with lab, EKG,
and other screening forms.

Purpose of Examination:

- ☐ New Applicant Exam
☐ Annual Medical Exam

Name: _____

District: _____

(Privacy Act Protected)

Form USM-229
(Est. 07/00)
Rev. 03/01

INSTRUCTIONS

PART I—COURT SECURITY OFFICER MEDICAL RELEASE FORM

This part is reserved for the examinee and physician. The examinee must complete this section in its entirety and sign the form. The physician or an employee of the physician's office must sign as a witness.

PART II—COURT SECURITY OFFICER IDENTIFICATION

This part is reserved for the examinee. Please complete this section in its entirety.

PART III—REPORT OF MEDICAL HISTORY

This part is reserved for the examinee. All questions in this part must be answered. Failure to complete information requested may delay the United States Marshals Service from qualifying you as a Court Security Officer in a timely manner and could disqualify you to perform as a Court Security Officer. You must also sign and date, in ink, on the signature area provided on page four of the form.

PART IV—MEDICAL HISTORY VERIFICATION

This part is reserved for the examining physician. The examining physician is required to interview the examinee and verify that the examinee's information provided in Parts I and II are accurate and complete. All positive findings must be explained as to date and significance. Any additional pertinent medical history information developed during the interview may also be recorded in this section.

PART V—CSO PHYSICAL REQUIREMENTS

This part is provided to familiarize the examining physician with the physical challenges that the examinee may face while working in court security officer capacity. All examining physicians are required to review this part prior to performing the examination on the examinee.

PART VI—MEDICAL EXAMINATION DATA

This part is reserved for the examining physician. Please perform the examination and give a detailed description of your findings in this area.

PART VII—EXAMINATION SUMMARY

This part is reserved for the examining physician. Please complete and explain fully any significant findings or limitations and type of followup recommended. Your summary should also include significant lab test findings. **NO MEDICAL QUALIFICATION STATEMENT IS TO BE MADE.**

NAME: (Last, First, Middle) _____ DATE OF BIRTH ____/____/____

PART I COURT SECURITY OFFICER MEDICAL RELEASE FORM

U.S. Marshals Service Medical Record Release Form

NAME OF INDIVIDUAL (Last, First, Middle Initial) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP Code _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

I, _____, authorize my employer and an examining physician _____ to release my medical examination records to the United States Marshals Service (USMS) for employment consideration as a Court Security Officer, with the stipulation that the released information be kept confidential and used solely for the purposes of determining my medical qualification. In addition, I hereby grant the USMS permission to release my medical records to the designated USMS Medical Officer for further review.

SIGNATURE

DATE

WITNESS

DATE

Form USM-229
(Est. 07/00)
Rev. 01/01

PRINT IN INK OR TYPEWRITE:

PART II - COURT SECURITY OFFICER IDENTIFICATION

NAME (Last, First, Middle) (Type or print)	SOCIAL SECURITY NO.	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
DISTRICT ADDRESS	AREA CODE & TELEPHONE ()	DATE OF EXAMINATION	
HOME ADDRESS (Number, street or RFD, city or town, state, and ZIP CODE)			
NUMBER OF YEARS SERVING AS A COURT SECURITY OFFICER _____			

PART III - REPORT OF MEDICAL HISTORY (to be completed by Contract Employee)

• STATEMENT OF MEDICATIONS CURRENTLY USED (Indicate N/A if none):

Name of Medication	Dosage	Taken Since
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN IN PART V? ☐ YES ☐ NO

If your answer is "YES, explain: _____

• HAVE YOU EVER (Please check at left of each item)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Lived with anyone who had tuberculosis
<input type="checkbox"/>	<input type="checkbox"/> Coughed up blood
<input type="checkbox"/>	<input type="checkbox"/> Bled excessively after injury or tooth extraction
<input type="checkbox"/>	<input type="checkbox"/> Attempted suicide
<input type="checkbox"/>	<input type="checkbox"/> Been a sleepwalker
<input type="checkbox"/>	<input type="checkbox"/> Had eye surgery (RK, PRK, LASIK or other)

• ARE YOU (Check one) ☐ Right handed ☐ Left handed

• DO YOU (Please check at left of each item)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Wear glasses or contact lenses
<input type="checkbox"/>	<input type="checkbox"/> Have vision in only one eye
<input type="checkbox"/>	<input type="checkbox"/> Wear a hearing aid
<input type="checkbox"/>	<input type="checkbox"/> Stutter or stammer habitually
<input type="checkbox"/>	<input type="checkbox"/> Wear a brace or back support
<input type="checkbox"/>	<input type="checkbox"/> Have a family history of heart attacks before the age of 55?
Who: _____	
Problem: _____	
Age at Onset or Death: _____	

Form USM-229
(Est. 07/00)
Rev. 03/01

DATE OF BIRTH ____/____/____

PART III Cont'd

• HAVE YOU EVER HAD OR HAVE YOU NOW (Please check each item)

YES CURRENT	YES PAST	NO	YES CURRENT	YES PAST	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gall bladder trouble or gallstones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Jaundice or hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Swollen or painful joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adverse reaction to serum, drug, or medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent or severe headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Broken bones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tumor, growth, cyst, cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rupture/hernia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ear, nose, or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hemorrhoids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent or painful urination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chronic or frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Severe tooth or gum trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abnormal resting ECG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abnormal stress ECG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bed wetting since age 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kidney stone or blood in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Skin diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thyroid trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recent gain or loss of weight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Arthritis, rheumatism, or bursitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bone, joint or other deformity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shortness of breath or emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Loss of finger or toe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pain or pressure in chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recurrent back pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chronic cough or bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Painful or "trick" shoulder or elbow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Palpitation or pounding heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> "Trick" or locked knee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Foot trouble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neuritis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Disease of arteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Paralysis (include infantile)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Disease of heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Epilepsy or seizures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Car, train, sea or air sickness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent trouble sleeping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abnormal chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Depression or excessive worry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Orthopedic or muscular problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Loss of memory or amnesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Increased cholesterol level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nervous trouble of any sort
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cramps in your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Periods of unconsciousness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frequent indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stomach, liver, or intestinal trouble

NAME: (Last, First, Middle) _____ DATE OF BIRTH _____

PART III-Cont'd

Check each item YES or NO. Every item checked YES must be fully explained in blank space on right.

	YES	NO	EXPLANATION:
Have you been refused employment or been unable to hold a job or stay in school because of:			
A. Sensitivity to chemicals, dust, sunlight, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Inability to perform certain motions	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Inability to assume certain positions	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Other medical reasons (If yes, give reasons)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been treated for a mental condition or learning disability? (If yes, specify when, where, and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever received psychiatric counseling? (If yes, specify when, where, and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been denied life insurance? (If yes, state reason and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, name of doctor and complete address of hospital).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable for unfitness or unsuitability).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, what amount, when, and why).	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.

PRINT FULL NAME _____

SIGNATURE _____

DATE _____

PART IV — MEDICAL HISTORY VERIFICATION (To be completed by Examining Physician)

NOTE TO THE EXAMINING PHYSICIAN: Please review the previous section, **PART II - CSO Physical Requirement**, for completeness. All positive findings must be explained as to date and significance. You may also interview the examinee for any additional important medical history and record any significant findings below. You may develop by interview any additional important medical history and record any significant findings.

NAME: (Last, First, Middle) _____

DATE OF BIRTH ____/____/____

PART V - CSO PHYSICAL REQUIREMENTS

NOTE TO THE EXAMINING PHYSICIAN: The respective individual is required to complete this comprehensive physical examination to qualify as a Court Security Officer (CSO) under the United States Marshals Service's Court Security Officer Program. A brief description of what the position requires is provided below to familiarize you with the CSO occupation.

BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO-

Court Security Officers (CSOs) provide security for all United States court facilities. CSOs must be capable of providing both a deterrence to potential threats and a timely and appropriate response to actual threats. The primary functions of CSOs include physical security for federal courthouses and their perimeters, checkpoint security for courthouses and courtroom entry points, courtroom monitoring, and rapid responses to emergencies and alarms within courthouses. In addition, aggressive law enforcement functions such as making arrests are required, necessitating the restraint of non-cooperative persons. CSOs are required to have good vision and hearing and be capable of sitting, walking, and running. The work requires frequent and prolonged walking, standing, running, sitting, and stooping. The physical well being of the CSOs will assure their ability to tolerate the stress associated with this type of employment and increase physical readiness in cases of emergency. CSOs must be able to perform efficiently and safely the full range of duties of the position described above.

FUNCTIONAL REQUIREMENTS

- Range of motion: upper and lower extremities bilaterally
- Heavy lifting, 45 pounds and over
- Heavy carrying, 45 pounds and over
- Reaching
- Grasping
- Climbing stairs
- Running
- Operating a motor vehicle
- Ability for rapid mental and muscular coordination simultaneously
- Ability to use and desirability of using firearms
- Specific visual requirements
 - Binocular vision
 - Depth perception
 - Ability to distinguish basic colors

ENVIRONMENTAL FACTORS

- Outside and inside
- Excessive heat
- Excessive cold
- Excessive humidity
- Excessive dampness or chilling
- Dry atmospheric conditions
- Working around moving objects or vehicles
- Slippery or uneven walking surfaces
- Unusual fatigue factors
- Working closely with others
- Working alone
- Protracted or irregular hours of work

NAME: (Last, First, Middle) _____ DATE OF BIRTH ____/____/____

PART VI MEDICAL EXAMINATION DATA (to be completed by Examining Physician)

NOTE TO EXAMINING PHYSICIAN: As you make your examination and report your findings and conclusions, please consider the job description, function requirements, environmental factors, and medical standards for the Contract Court Security Officer position. List any abnormalities under each examination.

1. MEASUREMENTS:

A. Height: ____ Feet ____ Inches B. Weight: ____ Pounds

2. VISION:

A. Distant vision (Snellen)

1. Without glasses or contacts: Right: 20 / ____ Left: 20 / ____ Both: 20 / ____
2. With glasses or contacts, if worn: Right: 20 / ____ Left: 20 / ____ Both: 20 / ____

B. Near Vision:

1. Without glasses or contacts: Right: 20 / ____ Left: 20 / ____ Both: 20 / ____
2. With glasses or contacts, if worn: Right: 20 / ____ Left: 20 / ____ Both: 20 / ____

Testing was done *with / without* correction (circle one).

C. Color Vision: Testing must be performed using Ishihara (or comparable) Pseudo-Isochromatic Plates.
A minimum of 14 plates must be reported: ____ plates correct of ____ total plates.

D. Depth Perception: Results must be recorded in seconds of arc.

Type of test: _____ Score: _____ Seconds of arc: _____

3. HEARING:

Using an audiometer for measurement, hearing must be demonstrated in each ear at 500, 1000, 2000, 3000, and 4000 Hz in a sound controlled booth. Results must show the lowest sound intensity, numerically in decibels, at which the tone can be heard, in each ear, at each frequency.

No hearing aids are to be used during the audiometer testing. Each ear must be tested separately. Please indicate using a check mark, whether a examinee wears a hearing aid(s).

- ☐ The examinee does not wear a hearing aid.
☐ The examinee wears a hearing aid as follows:
Left Ear ____ Right Ear ____ Both Ears ____

EXAM RESULTS:

	500	1000	2000	3000	4000
L					
R					

NAME: (Last, First, Middle) _____ DATE OF BIRTH ____/____/____

PART IV Cont'd

4. CARDIOVASCULAR SYSTEM - Record your findings and highlight any condition which significantly interferes with heart function.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

A. Heart Auscultation:

B. Blood Pressure:

C. Resting Pulse:

D. Peripheral Pulses:

E. Resting ECG

5. RESPIRATORY SYSTEM - Record your findings and highlight any condition which significantly interferes with breathing capacity.

CHEST EXAM RESULTS: (Enter findings. DO NOT leave blank.)

6. GASTROINTESTINAL SYSTEM

ABDOMINAL EXAM RESULTS: (Enter findings. DO NOT leave blank.)

NAME: (Last, First, Middle) _____ DATE OF BIRTH ____/____/____

PART VI Cont'd

7. GENITOURINARY SYSTEM DISORDERS - Record your findings and highlight any functional disorder which may render the person incapable of sustained attention to CSO related work tasks, i.e., urinary frequency, secondary discomfort, etc.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

8. HERNIAS - Record your findings and highlight any hernia detection, including inguinal and femoral hernias, with or without the use of a truss.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

9. NERVOUS SYSTEM - Record your findings and highlight any dysfunction of the central and peripheral nervous system, including cranial nerves, gait, and reflexes which significantly increases the probability of accidents and/or potential inability to perform a variety of physical tasks.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

10. ENDOCRINE SYSTEM - Record your findings and highlight any functional disorder which may render the person incapable of sustained attention to CSO related work tasks.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

Thyroid Exam: _____

NAME: (Last, First, Middle) _____ DATE OF BIRTH ____/____/____

PARENT (cont'd)

11. SPEECH - Record your findings, including permanent and significant conditions resulting in indistinct speech.

EXAM RESULTS: (Enter findings. DO NOT leave blank.) _____

12. EXTREMITIES AND SPINE - Record your findings of any disorders affecting the musculoskeletal system which significantly affects the individual meeting basic movement, strength, flexibility, use of extremities (fingers and toes) and coordinated balance criteria.

EXAM RESULTS: (Enter findings. DO NOT leave blank.) _____

Back: _____

Extremities: _____

13. LAB TESTS & REPORTS - Perform necessary tests on the following. Record your findings and highlight abnormal results. Please attach lab reports.

A. Blood Chemistry

C. Lipid Profile

B. Complete Blood Count

D. Urinalysis

14. MISCELLANEOUS - Though not specifically mentioned above, record any other disease or medical condition detected but not covered above.

EXAM RESULTS: (Enter findings in each category. DO NOT leave blank.)

A. Eyes (including fundoscopic examination): _____

B. Ears (including tympanic membrane): _____

C. Nose and throat (including teeth and oral hygiene): _____

D. Head and neck (including face, hair, and scalp): _____

E. Skin and lymph nodes: _____

Form USM-229
(Est. 01/00)
Rev. 01/01

DATE OF BIRTH ____/____/____

PART VII - EXAMINATION SUMMARY

NOTE TO EXAMINING PHYSICIAN: Summarize below any medical findings which need further medical attention or that would limit the examinee's performance of court security officer duties or present a hazard to the examinee or others. **DO NOT MAKE A MEDICAL QUALIFICATION STATEMENT.**

FUNCTIONAL REQUIREMENTS			ENVIRONMENTAL REQUIREMENTS		
Limitations	No Limitations		Limitations	No Limitations	
<input type="checkbox"/>	<input type="checkbox"/>	Heavy lifting, 45 lbs. and over	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor environment
<input type="checkbox"/>	<input type="checkbox"/>	Heavy carrying, 45 lbs. and over	<input type="checkbox"/>	<input type="checkbox"/>	Indoor environment
<input type="checkbox"/>	<input type="checkbox"/>	Reaching above the shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Excessive heat
<input type="checkbox"/>	<input type="checkbox"/>	Use of fingers	<input type="checkbox"/>	<input type="checkbox"/>	Excessive cold
<input type="checkbox"/>	<input type="checkbox"/>	Use of both hands	<input type="checkbox"/>	<input type="checkbox"/>	Excessive humidity
<input type="checkbox"/>	<input type="checkbox"/>	Use of both legs	<input type="checkbox"/>	<input type="checkbox"/>	Excessive dampness or chilling
<input type="checkbox"/>	<input type="checkbox"/>	Climbing, use of legs and arms	<input type="checkbox"/>	<input type="checkbox"/>	Dry atmospheric conditions
<input type="checkbox"/>	<input type="checkbox"/>	Operation of crane, truck, tractor, motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Working around moving objects or vehicles
<input type="checkbox"/>	<input type="checkbox"/>	Ability for rapid mental and muscular coordination simultaneously	<input type="checkbox"/>	<input type="checkbox"/>	Slippery or uneven walking surfaces
<input type="checkbox"/>	<input type="checkbox"/>	Ability to use and desirability of using firearms	<input type="checkbox"/>	<input type="checkbox"/>	Unusual fatigue factors
<input type="checkbox"/>	<input type="checkbox"/>	Ability to stand for unusually prolonged periods of time	<input type="checkbox"/>	<input type="checkbox"/>	Working closely with others
<input type="checkbox"/>	<input type="checkbox"/>	Ability to sit for unusually prolonged periods of time	<input type="checkbox"/>	<input type="checkbox"/>	Working alone
<input type="checkbox"/>	<input type="checkbox"/>	Ability to function normally with irregularly scheduled intake of food	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged or irregular hours of work
					AGGRESSIVE LAW ENFORCEMENT ACTIVITIES

SIGNIFICANT FINDINGS:

EXAMINING PHYSICIAN'S NAME (Type or print) _____ SIGNATURE OF EXAMINING PHYSICIAN _____

ADDRESS (including ZIP Code)

OFFICE TELEPHONE NUMBER _____ FACSIMILE NUMBER _____

() ()

IMPORTANT: After signing, return entire form along with lab, EKG, and other screening forms.



Personal Qualifications Statement (Contract Guard)

READ THE BELOW INFORMATION PRIOR TO COMPLETING.

WHAT AUTHORITY DO WE HAVE TO ASK YOU FOR THE INFORMATION REQUESTED ON THIS FORM?

The U.S. Government is authorized to ask for this information under section 301 of title 5 and section 3101 of title 44 of the U.S. Code. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Race is used in providing Equal Employment Opportunity (EEO) statistical data (no names are ever removed associated with this data) and to ensure that this agency is complying with EEO guidelines in the hiring of minorities. You do not have to provide race information if you do not desire to do so.

HOW DO WE USE THIS FORM.

Review the form in its entirety prior to answering any questions. Be sure that you understand the questions and your responses prior to completion of the form.

This form will be used in processing your application. We use the information from this form primarily as the basis for an initial background investigation that will be used to determine your qualifications (to include law enforcement qualifications), suitability and eligibility for a clearance to work for the U.S. Government under contract.

Asking you for this information is in compliance with the Privacy Act of 1974. The information you give us is for Official Use Only; is protected from unauthorized disclosure. The U.S. Marshals Service may share some information with Federal and other sources to get additional information about you. We may also give some of the information to Federal, State, and local agencies checking on law violations or for other lawful purposes.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your employment or clearance prospects to work for the U.S. Government under contract.

TYPE OR LEGIBLY PRINT YOUR ANSWERS. We cannot accept your form if it is not legible.

STATE CODES. Use the State Codes (two letter abbreviations) used by the Post Office, if you cannot spell out the state. *Do not abbreviate names of cities.*

USE 5 OR 9 - DIGIT ZIP CODES. If you do not know a ZIP Code, a ZIP Code directory is available at all Post Offices. Please use them.

DATES. When providing dates, use YYMMDD. For example, June 8, 1988, would be 980608 and January 1988 would be 8801.

ADDITIONAL SHEETS. If there is not enough room on the sheets provided, please attach additional sheets so that you can provide as complete an answer as possible. Be sure to indicate the item number corresponding to the item being carried over to the additional sheet. Place your name and social security number on the additional sheet so that it can be readily identified if it should become separated from the form.

SIGNATURE AND DATE. Be sure to sign the forms in black or blue-black ink.

DO NOT DATE THE FORMS. The processing office will date the forms when they receive them.

ANY FORMS THAT ARE RECEIVED INCOMPLETE WILL BE RETURNED. THIS WILL DELAY THE PROCESSING OF YOUR CASE AND COULD EVEN RESULT IN YOUR NOT BEING SELECTED.

DOCUMENTATION. Copies of documents that verify any significant claims or activities should be provided. For example: alien registration; naturalization certificate; originals or certified copies of college transcripts or degrees; high school diploma; professional license(s) or certificate(s); military discharge certificate(s) (DD Form 214); marriage certificate(s); divorce papers; tax returns; passport; and/or business licenses(s).

NAME CHANGES. If you have had a name change from that indicated on the form, you must provide a copy of the documentation of any legal name change. If the name you are currently using is not a legal name, please use your official name as indicated on your birth certificate or marriage license.

EMPLOYMENT. Ensure that you list any previous law enforcement related employment, including military (i.e. Military Police, Master at Arms, etc.).

WHAT ARE THE PENALTIES FOR INACCURATE OR FALSE INFORMATION?

The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$ 10,000, or 5 year imprisonment, or both. In addition, Federal agencies generally fire or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of our permanent record for future use. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your suitability or eligibility for contract employment.

**PERSONAL QUALIFICATIONS STATEMENT
(CONTRACT GUARD)**

Please Complete the following (Print or Type):

GENERAL INFORMATION

1. NAME _____
Last First Middle
2. PREFERRED TITLE ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
(Check one)
3. SOCIAL SECURITY NUMBER _____
4. OTHER NAMES USED (including nicknames, aliases, maiden name, etc.) _____
5. CURRENT ADDRESS
(No. Street, and Apt. No., if applicable) _____
City _____ State _____ Zip _____
Code _____
6. CURRENT PHONE NUMBERS _____
Home (Include Area Code) Office (Include extension if applicable)
7. PLACE OF BIRTH (City/State or Foreign Country) _____
8. DATE OF BIRTH (Month, Day, Year) _____
9. ARE YOU A CITIZEN OF THE UNITED STATES? (If no, provide the following information) ☐ Yes ☐ No
Country of citizenship: _____
Alien Registration Number: _____
Date & Place Issued: _____

If a Naturalized Citizen, provide the following information.
Naturalization Number: _____
Date & Place Issued: _____
10. Availability Data: a. Date (month year) you will be available to start work _____
b. Number of hours you will be available to start work each month _____
c. Days of the week that you can work _____
d. Are you available to perform temporary guard duties in other cities? ☐ Yes ☐ No

PHYSICAL DATA

11. HEIGHT (inches) _____ WEIGHT (lbs.) _____
- SEX ☐ Male ☐ Female
RACE _____
- NOTE - List one of the following which apply - (B) Black, (W) White, (H) Hispanic, (API) Asian Pacific Islander (i.e. Hawaiian, Samoan, etc.), (A) Asian (Philippines, China, Japan, other Asian Countries), (NA) Native American (i.e. American Indian, Alaskan Eskimo, etc.).

12. CURRENT PHYSICAL CONDITION (Check one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor*
 (*Note: If answer is Poor, provide detailed information in Item 34.)

	YES	NO
13. a. Do you have any physical or mental condition which might interfere with your ability to perform the work required (i.e., epilepsy, diabetes, alcoholism, drug addictions, cataracts, heart (cardiovascular) problems, psychiatric disorders, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever used any narcotic, depressant, stimulant, hallucinogen (to include LSD or PCP, or cannabis) (to include marijuana or hashish), except as prescribed by a licensed physician?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been involved in the illegal purchase, possession, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?	<input type="checkbox"/>	<input type="checkbox"/>
d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, arrest by police, or treatment for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever been a patient (whether or not formally committed) in any institution primarily devoted to the treatment of mental, emotional, psychological, or personality disorders?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If the answer to Question 13 a through e above is Yes, please provide detailed information in Item 34. Prior to award of a contract, you will be required to provide a physician's signed statement that the above condition will not interfere with your ability to perform the work required.

EDUCATION LEVEL

14. Indicate the highest education level completed (check one box).

☐ Some High School ☐ High School Diploma ☐ Some College ☐ College Degree or GED Equiv.

15. Major field of study at college _____ (enter N/A if no college level work performed.)

FOREIGN LANGUAGES

16. If you understand and can speak and/or read any language other than English, please list and indicate level of proficiency (i.e. poor, average, good, fluent)

MILITARY SERVICE

17. List the dates, branch, and serial number for all active service (enter N/A, if none)

INCLUSIVE DATES (month/year)	BRANCH OF SERVICE	SERIAL NO.
_____	_____	_____
_____	_____	_____

18. Date of discharge (month and year) _____

19. Type of discharge (honorable, dishonorable) _____

20. Military security clearance held (if any) _____

PERSONAL BACKGROUND DATA

21. (NOTE: A conviction or a firing does not necessarily mean your application will not be approved. The nature of the conviction or firing and how long ago it occurred is important. Give all the facts so that a decision can be made.)

YES NO

Within the last five years have you:

a. Been fired from any job for any reason

☐ ☐

b. Quit after being notified that you would be fired?

☐ ☐

(If the answer to either of the above is Yes, provide the name and address of the employer, approximate dates, and reasons in each case in Item 34.)

22. During the past ten years,

a. Have you ever been arrested, charged, cited, or held by Federal, State, or other law enforcement juvenile authorities, regardless of whether the citation was dropped or dismissed or you were found not guilty? Include all court martial or non-judicial punishment while in military service. (You may exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed.)

☐ ☐

b. As a result of being arrested, charged, cited or held by law enforcement or juvenile authorities, have you ever been convicted, fined by or forfeited bond to a Federal, State, or other judicial authority or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record)?

☐ ☐

c. Have you ever been detained, held in, or served time in any jail or prison, or reform or industrial school or any juvenile facility or institution under the jurisdiction of any city, state, federal, or foreign country

☐ ☐

d. Have you ever been awarded, or are you now under suspended sentence, parole or probation, or awaiting any action on charges against you?

☐ ☐

e. Have you ever petitioned to be declared bankrupt?

☐ ☐

23. Are you now or have you ever been a member of the Communist Party or any Communist organization (includes subscriptions to Communist newspapers and magazines)?

☐ ☐

24. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?

☐ ☐

NOTE: If your answer to questions 22 - 24 is Yes, give details in Item 34.

Show for each offense: 1) date; 2) charge; 3) place; 4) court; and 5) action taken.

25. To the best of your knowledge, have you ever been the subject of a background investigation (by either Federal, state, local, or private industry) or been given a security clearance?

☐ ☐

If your answer is Yes, provide the following information:

Agency requiring the clearance	Type of Clearance/ Investigation	Date Clearance issued/ Investigation Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. Do you have a current drivers license?

If so, for what state? _____

27. Do you have an automobile to provide your own transportation in those instances when and/or where guard duty is to be performed and public transportation is unavailable? YES NO
☐ ☐

28. Are you qualified and licensed to carry a firearm? (NOTE - Generally USMS contract guards will not be armed while performing their duties.) ☐ ☐

29. List any other special qualifications or skills (i.e., chauffeur, Pilot, Paramedic, registered nurse, radio operator, etc.) you have that would enhance your qualifications as a contract guard. If licensed, please state issuing authority, license number, and date of expiration.

EMPLOYMENT HISTORY

INSTRUCTIONS: If you are currently employed, complete Section A of the attached employment history worksheet. If your answer to Items 31 and 32 is yes, or you are retired, please provide this additional work experience information in Section B of the attached employment history worksheet. Also list in Section B any other work experience in the law enforcement area which would qualify you for a contract guard position.

30. Current work status (check one):
☐ Employed Full Time ☐ Employed Part Time ☐ Unemployed ☐ Retired

31. Have you ever been employed by the Federal Government? ☐ ☐

32. Have you ever been employed by a state or local government? ☐ ☐

33. List any special training you have received in law enforcement that would qualify you for a contract guard position:

COURSE OR TYPE OF TRAINING	SCHOOL/PLACE OF TRAINING	DATES OF TRAINING	CERTIFICATE/COURSE CREDIT RECEIVED

34. Space for detailed answers and continuation of information (Continued):

<u>Question No.</u>	<u>Answer/Comment</u>

SIGNATURE AND CERTIFICATION STATEMENT

Read the following carefully before signing this certification. A false answer to any question in this statement may be grounds for not contracting with you or invalidating your contract after you begin work and may be punishable by fine or imprisonment (U.S. Code Title 18, Section 1001).

I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, and other authorized employees of the Federal Government for that purpose.

CERTIFICATION: I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature (sign in ink)

Date

U.S. Department of Justice
United States Marshals Service



WEAPONS QUALIFICATION AND FAMILIARIZATION RECORD/ AUTHORIZATION TO USE PERSONALLY OWNED WEAPONS

1. Employee's Name (Last, First, MI)	2. Title	3. District / Division	4. Duty Station	5. Date Courses Fired (mm, dd, yy)

Qualifications / Familiarizations

6a. Weapon Type	6b. Qualification or Familiarization	7. Make	8. Model	9. Caliber / Gauge	10. Barrel Length	11. Property of: (USMS or Personally-Owned)	12. Serial Number
1. Primary Handgun	Qualification					USMS-Owned	
2. Secondary Handgun	Qualification					USMS-Owned	
3. Rifle/Carbine/SMG	Qualification					USMS-Owned	
4. Shotgun	Familiarization					USMS-Owned	
13. Ammunition Used (Brand, Caliber, Weight, Type (JHP, JSP, Etc.))				14. Optics (Y/N)	15. Score	16. Qualification Level	17. Shooter's Initials
				Yes			
				Yes	<input type="checkbox"/> <input type="checkbox"/>		
18. Tactical Familiarization Course Fired (TFC # and Title)				19. Score (If Appropriate)		20. Date TFC Fired (mm, dd, yy)	

21. Use of Deadly Force and Firearms Policy:

I have read and understand the current USMS Firearms Policy and the DOJ Uniform Deadly Force Policy.

Signature _____ Date _____

22. Certification by USMS Firearms Instructor:

This certifies that the Courses of Fire, qualification levels, scores, weapons and ammunition used are authorized and as indicated herein, and that the employee demonstrated proficiency with each weapon.

Signature _____ Date _____

Inspections / Authorizations

23. Weapon Inspection:

The firearms described herein have been inspected by a USMS Firearms Instructor (named in Block 22) and:

	1	2	3	4	5
Do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

meet USMS requirements for authorization as a duty weapon.

25. Training Certification by USMS Firearms Instructor:

This certifies that this employee (See Block #1) has received the level of training required by USMS policy and may be authorized to use the following shoulder arm(s):

AR-15 / Colt SMG ☐ Rem. 870 ☐ MP5 / UMP ☐

Training Provider: _____ Date(s) _____

Signature _____ Date _____

24. Holster Inspection:

The holsters and any accessory equipment used (magazine / speedloader / ammunition pouches, etc.) have also been inspected, and:

	1	2	3	4	5
Do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

meet USMS requirements as to design and serviceability.

26. Authorized By:

Authorizing Official

Signature _____ Date _____

Title _____

Remarks:

Distribution: Original - District/Division
File Copy - Employee

PREVIOUS EDITIONS ARE OBSOLETE
AND NOT TO BE USED

Form USM-333
Rev. 01/02
Automated 03/02

Instructions for Completing Form USM-333

1. The employee's name.
2. The employee's title (DEO, DUSM, CDUSM, etc.)
3. The employee's assigned district or division.
4. The employee's assigned duty station.
5. The date on which the course of fire was performed.
6. A. One line is provided for each type of weapon, if an employee qualifies with more than one weapon in any one category, either after an issued line or complete another USM-333. B. Self-explanatory.
7. The name of the weapon's manufacturer.
8. The manufacturer's designation for the weapon.
9. The caliber of the weapon.
10. The barrel length of the weapon.
11. Whether the weapon is personally-owned or USMS property.
12. The weapon's serial number.
13. The exact load shot during the course of fire. The load must be an approved round (purchased and issued by the USMS) from the current ammunition supply letter, or a previously-approved round left in stock from prior USMS purchases.
14. If a shoulder arm is equipped with an optical sight (scope, red dot sight, holographic sight, etc.), the user must qualify with the weapon twice: once with the optical sight and once with "iron" sights.
15. The score fired during the course of fire. If the employee fires more than one course of fire with the same weapon, each score should be recorded.
16. The ranking of the employee's score (de, ex, ss, mm, dnq.) See the charts below for the exact ranking for each course of fire.
17. The employee initials the qualification record, thus indicating that the information it contains is correct.
18. The number and title of the TFC fired. All operational employees must complete at least one TFC at the time of the semi-annual qualification.
19. While no TFC requires that a score be taken it may be recorded here if the employee wishes.
20. The date of firing the TFC. The TFC does not need to be fired on the same day as the qualification, but they should be done relatively closely together.
21. Self-explanatory. CSO's and DEC's should understand their limitations on authorized carry.
22. Certification by the firearms instructor.
23. Verification that the weapon was inspected and meets USMS standards for use as a duty weapon.
24. Verification that the employee's equipment (holster, pouches, etc.) meet USMS standards.
25. Certification that the employee has received the required level of training for use of a specific shoulder arm. This is only to be completed at the time of the training, not at each subsequent qual.
26. Authorization for the employee to carry and use both issued and personally-owned weapons. The authorizing official may be any USMS supervisor, GS-13 or above.

USMS Qualification Ranking Chart				
	Firearm CSO	Lighting CSO	AR-M4/M16 CSO	CSO CSO
Distinguished Expert (DE)	300	150	250	250
Expert (EX)	285 to 299	141 to 149	238-249	238 to 249
Sharpshooter (SS)	255 to 284	126 to 140	213-237	213 to 237
Marksmen (MM)	210 to 254	105 to 125	N/A	175 to 212
Did Not Qualify (DNQ)	Below 210	Below 105	Below 213	Below 175



UNITED STATES MARSHALS SERVICE
Judicial Security Division
Judicial Protective Services

SUBJECT: Handgun Qualification Course of Fire for Court Security Officers (CSOs)

This course of fire is designed for realism and no deviation of ammunition, clothing, stance, or scoring is permitted. This qualification course of fire shall be conducted in accordance with the following:

- A. Weapon: 38 caliber revolvers as issued and approved by the Judicial Security Division, Judicial Protective Services.
- B. Ammunition: Fifty rounds, 38 Special, 158 gr. lead hollow points (LHP) +P. All ammunition must be loaded from the pocket, pouch, belt loops or speed loaders, whichever is carried on duty.
- C. Firing Distance: Firing distances shall be 3, 7, and 15 yards for all CSOs.
- D. Target: The Trans Star II target will be used for handgun qualification fire for all CSOs.
- E. Clothing: Normal CSO work attire is required. The length of the CSO's jacket or coat must properly cover the weapon.
- F. Scoring: The target is marked from two to five points. Score as indicated for a maximum of 250 points.
- G. Qualification
 - 1. 175-212 Marksman
 - 2. 213-237 Sharpshooter
 - 3. 238-249 Expert
 - 4. 250 Distinguished Expert

H. Safety.

1. Due to range safety standards, qualification will be shot with a Marshals Service approved weapon, as indicated above, and leather gear. Only an open top belt holster mounted on the shooter's strong hand side can be used.
2. Each person shall wear *OSHA* approved ear and eye protectors while actually engaged in firearms training or qualification.

Sequence Fire. All stages will be fired, double action, upon command of the Range Officer or at the turn of the target. The retention snap on the holster must be secured.

1. Three Yard Line. On command, the weapon will be quickly drawn from the holster in a safe manner and fired, double action, from the modified weaver stance. (Eye level, strong foot to the rear in field interview position, strong hand supported by weak.)
 - a. Load with six round and have six rounds available for reloading from the pocket, pouch, loops or speed loader.
 - b. Upon the command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is three seconds.
 - c. Repeat stage b, above.
 - d. Upon command of the Range Officer or at the turn of the target, draw and fire fifth and sixth round, unload, reload with six rounds and fire two rounds to the center mass area of the target. At the conclusion of the firing, place the weapon in the holster. The time limit is 20 seconds.
 - e. Repeat stage b, above.
 - f. Repeat stage b, above.
 - g. Shooters unload and place the empty weapon in the holster.
2. Seven Yard Line. On command, or at the turn of the target, the weapon will be quickly drawn from the holster in a safe manner, and fired, doubled action with two hand hold, from the extended arm position, using the sights.

STAGE ONE

- a. Load with six rounds and have two rounds available for reloading from the pocket, pouch or loops.
- b. Upon command of the Range Officer or at the turn of the target, quickly and safely draw the weapon from the holster and fire two rounds to the center mass area of the target. Place the weapon in the holster. The time limit is five seconds.
- c. Repeat stage b, above.
- d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire the fifth and sixth round, unload, reload with two rounds and fire two shots. Unload and place the empty weapon in the holster. The time limit is 20 seconds.

STAGE TWO

- a. Load with six rounds and have twelve rounds available for reloading from the pocket and pouch.
- b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster. The time limit is six seconds.
- c. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Unload, reload with six rounds and fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds. (Note: When applicable, allow time to reload pouches.)
- d. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target, unload, reload with six rounds from the pocket or pouch and fire two rounds to the center mass and one round to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds.

- e. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target. The time limit is six seconds.
 - f. Unload and place the empty weapon in the holster. Once the line is secure, move down range and score the target.
1. Fifteen Yard Line. On command, the weapon will be quickly drawn in a safe manner, and fired, double action, from the point shoulder position, with a two-handed hold and using the sights.
- a. Load with six rounds and holster. Have six rounds available for reloading from either a pouch or pocket.
 - b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is six seconds.
 - c. Repeat stage b, above.
 - d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire the fifth and sixth rounds, unload, reload with six rounds, fire two rounds to the center mass area of the target and holster the weapon. The time limit is 25 seconds.
 - e. Repeat stage b, above.
 - f. Repeat stage b, above. Unload and place the empty weapon in the holster. Once the line is secure, shooters will move down range and score the targets.
1. Recording Scores.
- 1. Once targets have been scored, scores should be verified and recorded on the Weapons/Qualification and Familiarization Record Form (USM 333) by the Range Officer or Firearms Instructor.
 - 2. A copy of the completed form should be forwarded to the Judicial Protective Services for inclusion in the Court Security Officer's official file.

United States Marshals Service
OFFICE OF TRAINING



11/21/2000

General Rules:

1. This qualification course will be fired with an issued handgun as approved by the Judicial Security Division. Appropriate ammunition will be used, as specified in the USMS Ammunition Supply Letter.
2. Participants will wear their normal working attire and equipment. This will include a jacket of sufficient length to conceal the weapon, as well as the holster and spare ammunition carrier used on duty.
3. Each stage of fire will begin with the weapon in the holster, with all retention devices (thumb-break, strap, etc.) Secured. All firing will be done two-handed, strong hand supported by the weak.
4. This is a 50 round course of fire, using the Trans-Tar II target. There are 250 possible points, with a minimum qualifying score of 175 (70%) or above. The following are the scoring classifications:

250	DE	(Distinguished Expert)
238-249	EX	(Expert)
213-237	SS	(Sharpshooter)
175-212	MM	(Marksman)
174 or below	DNQ	(Did Not Qualify)

5. Alibi shots are allowed only in the case of bad ammunition, target malfunction, instructor error or weapon malfunction. If the shooter fails to get off a required round for any other reason (failure to make a proper draw, missing a reload, etc.), they may not "make up" the round by firing extra shots on a later facing. Five points will be deducted from the score for each round missed.
6. Scores will be verified and recorded on Form USM-333, *Weapons Qualification Record*. A copy of the completed form will be forwarded to the Judicial Security Division for inclusion in the Personnel Security File.

CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE

Stage 1 - 3 yards (12 rounds total)

Load with one six-round magazine, with another six-round magazine available for reloading.

1st facing- Draw and fire 2 rounds center-mass in 3 seconds.

Scan and safely holster.

2nd facing- Draw and fire 2 rounds center-mass in 3 seconds.

Scan and safely holster.

3rd facing- Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 20 seconds.

Scan and safely holster.

4th facing- Draw and fire 2 rounds center-mass in 3 seconds.

Scan and safely holster.

5th facing- Draw and fire 2 rounds center-mass in 3 seconds.

Properly clear and holster an empty weapon.

Stage 2 - 7 Yards (8 rounds total)

Load with one six-round magazine, with a two-round magazine available for reloading.

1st facing- Draw and fire 2 rounds center-mass in 5 seconds.

Scan and safely holster.

2nd facing- Draw and fire 2 rounds center-mass in 5 seconds.

Scan and safely holster.

3rd facing- Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 20 seconds.

Properly clear and holster an empty weapon.

Stage 3 - 7 Yards (18 rounds total)

Load with one six-round magazine, with two more six-round magazines available for reloading.

1st facing- Draw and fire 3 rounds (2C/1H) in 6 seconds.

Scan and safely holster.

2nd facing- Draw and fire 3 rounds (2C/1H), reload and fire 3 more rounds (2C/1H) in 20 seconds.

Scan and safely holster.

3rd facing- Draw and fire 3 rounds (2C/1H), reload and fire 3 more rounds (2C/1H) in 20 seconds.

Scan and safely holster.

4th facing- Draw and fire 3 rounds (2C/1H) in 6 seconds.

Properly clear and holster an empty weapon.

Stage 4 - 15 Yards (12 rounds total)

Load with one six-round magazine, with another six-round magazine available for reloading.

1st facing- Draw and fire 2 rounds center-mass in 6 seconds.

Scan and safely holster.

2nd facing- Draw and fire 2 rounds center-mass in 6 seconds.

Scan and safely holster.

3rd facing- Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 25 seconds.

Scan and safely holster.

4th facing- Draw and fire 2 rounds center-mass in 6 seconds.

Scan and safely holster.

5th facing- Draw and fire 2 rounds center-mass in 6 seconds.

Properly clear and holster an empty weapon.

11/21/2000

CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE
RANGE COMMANDS

STAGE 1 - 3 YARD LINE

Shooters on the line, with a six-round magazine prepare your weapon for duty carry. Have at least one more six-round magazine available for a reload.

This is your 3-yard stage of fire. It consists of 12 rounds, all fired center-mass. On the first two facings of the target, draw and fire 2 rounds in 3 seconds (2-handed shooting). Then scan and holster. On the third facing, draw and fire 2 rounds, reload and fire 2 more rounds, all in 20 seconds. Then scan and holster. On the last two facings, draw and fire 2 rounds in 3 seconds, then scan and holster.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 ROUNDS IN 3 SECONDS.
WATCH YOUR THREAT.**

(One 3 second facing)

SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.

(One 3 second facing)

**SCAN AND HOLSTER. FIRE 2 ROUNDS, RELOAD AND FIRE 2 MORE ROUNDS IN 20 SECONDS.
WATCH YOUR THREAT.**

(One 20 second facing)

SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.

(One 3 second facing)

SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.

(One 3 second facing)

PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.

(Move targets or shooters to the 7-yard line)

11/21/2000

CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE
RANGE COMMANDS

STAGE 2 - 7 YARD LINE

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have a two-round magazine available for reloading.

This is your first 7-yard stage of fire, consisting of 8 rounds. All firing will be center-mass. On the first two facings of the target, draw and fire 2 rounds (two-handed) in 5 seconds, then scan and holster. On the next facing, you will have 20 seconds to draw and fire 2 rounds (two-handed), reload with a two-round magazine and fire two more rounds, center-mass. Then scan and holster a safe and empty weapon.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 ROUNDS IN 5 SECONDS.
WATCH YOUR THREAT.**

(One 5 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 5 SECONDS.
WATCH YOUR THREAT.**

(One 5 second facing)

**SCAN AND HOLSTER. FIRE 2 ROUNDS, RELOAD AND FIRE 2 MORE ROUNDS IN 20 SECONDS.
WATCH YOUR THREAT.**

(One 20 second facing)

PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.

Targets may be scored at this point, dividing the course into one segment of 20 rounds (100 possible points) and one segment of 30 rounds (150 possible points.) Scoring may also be done at the end of the course of fire, with 50 rounds on one target.

11/21/2000

CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE
RANGE COMMANDS

STAGE 3 - 7 YARD LINE

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have another six-round magazine available for reloading.

This is your second 7-yard stage of fire, consisting of 18 rounds. All firing will be two to the chest and one to the head. On the first facing, draw and fire 3 rounds (2 to the chest, 1 to the head) in 6 seconds. Then scan and holster. On the next facing, draw and fire 3 rounds (2 to the chest, 1 to the head), reload and fire 3 more rounds (2 to the chest, 1 to the head) in 25 seconds, then scan and holster. On the next facing, again draw and fire 2 to the chest, 1 to the head, reload and fire 2 to the chest and 1 to the head, also in 25 seconds. On the final facing, draw and fire 3 rounds (2 to the chest, 1 to the head) in 6 seconds. Then clear and holster a safe and empty weapon.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 TO THE CHEST, 1 TO THE HEAD IN 6 SECONDS.
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 TO THE CHEST, 1 TO THE HEAD, RELOAD, THEN 2 TO THE CHEST, 1 TO THE HEAD. ALL IN 25 SECONDS.
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. AGAIN FIRE 2 TO THE CHEST, 1 TO THE HEAD, RELOAD, THEN 2 TO THE CHEST, 1 TO THE HEAD. ALL IN 25 SECONDS.
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. 2 TO THE CHEST, 1 TO THE HEAD IN 6 SECONDS.
WATCH YOUR THREAT.**

(One 6 second facing)

PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.

(Move targets or shooters to the 15-yard line)

11/21/2000

CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE
RANGE COMMANDS

STAGE 4 - 15 YARD LINE

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have another six-round magazine available for reloading.

This is your 15-yard stage of fire, consisting of 12 rounds. All shooting will be two-handed, center-mass. On the first two facings, draw and fire 2 rounds in 6 seconds, then scan and holster. On the next facing, draw and fire 2 rounds, reload and fire more rounds in 25 seconds, then scan and holster. On the last two facings, draw and fire 2 rounds in 6 seconds, 2 rounds in 6 seconds. Then properly clear and holster a safe and empty weapon.

**2 ROUNDS IN 6 SECONDS.
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS, RELOAD, 2 ROUNDS IN 25 SECONDS.
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.
WATCH YOUR THREAT.**

(One 6 second facing)

PROPERLY CLEAR AND HOLSTER A SAFE AND EMPTY WEAPON.

A total of fifty rounds fired for a possible score of 250 points.

11/21/2000

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME **MAN** FIRST NAME _____ MIDDLE NAME _____

EBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE

SIGNATURE OF CIVILIAN (ARMED) FINGERPRINTS

EMPLOYER AND ADDRESS

PERSON FINGERPRINTED

ALIASES **AKA**

CITIZENSHIP **CTZ**

YOUR NO. **OCA**

FIN NO. **EU**

ARMED FORCES NO. **MINU**

SOCIAL SECURITY NO. **SOC**

MISCELLANEOUS NO. **MINU**

O
R
I

**VAUSW0000
USM-RS
ARLINGTON, VA**

DATE OF BIRTH **DOB**
Month Day Year

PLACE OF BIRTH **POB**

LEAVE BLANK

CLASS _____

REF. _____

1. F. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. THUMB

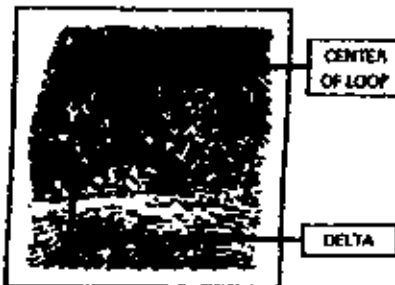
2. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20537**

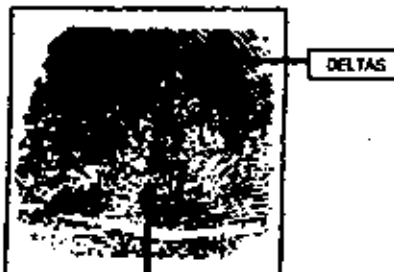
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-202 (REV. 12-29-69)

TO OBTAIN QUALITATIVE FINGERPRINTS:

1. USE BLACK FINGER INK.
2. DISTRIBUTE INK EVENLY ON PRINTING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE ACCURATE IN CORRECT ORDER.
6. IF AN AMPLIFICATION OR OTHER EFFECT MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO ATTACHED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES, LOCAL AND COUNTY COURTS, UNLESS SPECIFICALLY BARRED BY APPLICABLE STATE STATUTES OR LOCAL ORDINANCES.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.
4. OFFICIALS OF FEDERALLY CHARTERED OR REGISTERED BANKS, BUILDINGS, TO PROMOTE OR MAINTAIN THE SECURITY OF INSURANCE POLICIES.

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND SHOULD BE SUBMITTED FOR REVIEW.
 2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASED ON AUTHORITY FOR SUCH DISCLOSURE, AND USE WHICH WILL BE MADE OF IT.
 3. IF IDENTIFY OR PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS", THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO FBI.
 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD, OTHER ARMY FORCES NO., PASSPORT NO., FBI ALBIM REORIENTATION NO. 148, POST SECURITY CARD NO. 154, SELECTIVE SERVICE NO. 158, VETERANS' ADMINISTRATION CLAIM NO. 174.



Medical Practitioner's Data Sheet

Name:	
Address:	
MD or DO:	
Social Security #:	
Date of Birth:	
Medical School:	
Year of Graduation:	
State of License:	
Medical License #:	